

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17065

State File No.

318

1003

Registrar's No. 4158

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Crystal City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Johns Hospital				STREET ADDRESS (If rural, give location) 908 Taylor avenue 0501					
3. NAME OF DECEASED (Type or Print) Louis		a. (First)		b. (Middle)		c. (Last) Thomure			
4. DATE OF DEATH 5-1-55		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH 3-17-1891		9. AGE (In years, months, days, hours, min.) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) music teacher		10b. KIND OF BUSINESS OR INDUSTRY High School			
11. BIRTHPLACE (City and State or Foreign Country) Doe Run, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis Thomure		13b. MOTHER'S MAIDEN NAME Florence Deifford			
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME B. Perry, Crystal City, Mo. ADDRESS _____			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary thrombosis				ANTECEDENT CAUSES				DUE TO (b) Arteriosclerotic coronary artery disease of atherosclerotic type	
DUE TO (c) Hypertensive vascular disease				II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) Hypertensive vascular disease	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) Hypertensive vascular disease	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from July 1951 , to May 1, 1955 , that I last saw the deceased alive on April, 1955 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.		23a. SIGNATURE Arthur K. Durb... (Degree or title) _____		23b. ADDRESS 1850 Kingshighway			
23c. DATE SIGNED 5-7-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-3-55		24c. NAME OF CEMETERY OR CREMATORY _____			
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.		DATE REC'D BY LOCAL REG. MAY 10 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Politte, Crystal City, Mo. ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*.....

Licensed Embalmer No. 451.....

P. O. Address *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.